



DEAFESTIVAL – KENTUCKY

Craft Artists / Hobbyist Application

Louisville, Kentucky September 5, 2004

The booth area will be held on the Belvedere adjacent to the Kentucky Center. Each 10' by 10' booth includes a draped 8' table, two (2) chairs, and a booth identification sign.

Interested Craft Artist must complete this application prior to the July 30, 2004 deadline. Each booth space is assigned based on the following: Submission date, full payment for the booth space and diversity of exhibit.

Artist / Hobbyist	Electric	Artist/Hobbyist Set-Up	Artist/Hobbyist Hours	Artist/Hobbyist Breakdown
\$100.00	\$50.00	Sunday 9/5/04 6:00 am - 9:30 am	Sunday 9/5/04 10:00 am - 6:00 pm	Sunday 9/5/04 6:00 pm - 7:00 pm

Please PRINT clearly:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone () _____ Home () _____ Fax () _____

Email Address(es) (Include a pager address if you have one): _____

Number of booths/electrical needs requested : 1 ☐ 2 ☐ 3 ☐ ☐ Electric

Name of person(s) at the booth other than yourself: _____

BOOTH IDENTIFICATION SIGN

Print the information exactly as you wish it to appear on the booth identification sign:

NAME: _____ Product Description: _____

Cancellation of Craft Artist Contract:

Should a Craft Artist wish to cancel this contract, the refund schedule is as follows: 1) Notification of cancellation on or before July 30, 2004 - Refund of 50%. 2) Notification after July 30, 2004 or if an Exhibitor fails to occupy the space – DeafFestival retains 100% of contracted cost. NOTE: **cancellation must be received in writing on or before July 30th.**

CRAFT ARTIST AGREEMENT:

The undersigned hereby applies for booth space with DeafFestival-Kentucky on September 5, 2004. We understand and agree to the above rules and agree that this application becomes a contract once accepted and signed by the DeafFestival-Kentucky Coordinator. A copy of the contract will be returned with a confirmation letter by August 15, 2004. We understand that all fees are to be **paid in full, checks payable to Knowledge Center on Deafness (KCD)**, upon submission of the signed application/contract.

(Signature of Craft Artist)

(Date)

METHOD OF PAYMENT (select one) Money Order or Check enclosed (Payable to KCD) Total: _____
DeafFestival-Kentucky Signature ☐ ☐ Date: _____ Booth # _____

Mail signed contract and payment to: KCD
P.O. Box 618
Frankfort, Kentucky 40601

For more information go to: www.deafestival.org or www.kcdhh.ky.gov